

NAME: \_\_\_\_\_

**SUPPLEMENT TO THE APPLICATION FOR  
LANDFILL EQUIPMENT OPERATOR I**

Instructions: So that we can better evaluate your qualifications for this class, please complete this form and submit it with your application.

1. Complete one form for each job you held.
2. All employers should be listed on the employment application as well.
3. This form may be duplicated or you may use plain sheets of paper for additional positions.

1. Employer \_\_\_\_\_ Address \_\_\_\_\_
2. Job Title \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_
3. Dates employed:      From: \_\_\_\_\_ To: \_\_\_\_\_  
  Month/Year                 Month/Year
4. Name & job title of your immediate supervisor \_\_\_\_\_
5. Please identify the following types of equipment that you operated:

**Loaders:**

Make	Model Number	Estimated total number of hours you operated this equipment
1.		
2.		
3.		

## Dozers:

	Make	Model Number	Estimated total number of hours you operated this equipment
1.			
2.			
3.			

**Backhoes:**

	Make	Model Number	Estimated total number of hours you operated this equipment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Other construction equipment:**

	Make	Model Number	Estimated total number of hours you operated this equipment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

6. Please attach a copy of your:
1. Valid Commercial Driver's License (Class A or B)
  2. Current State of Hawaii Medical Examiner's Certificate

**(Important: The above CDL and ME certificate must be unexpired and in your possession at the time of filing this application.)**

I hereby certify that all statements in this form are true and correct, to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the State of Hawaii civil service.

I further request and authorize the employer, its agent and/or contact person named herein to furnish verification of the statements made herein and/or employment information as requested by the Department of Personnel Services of the County of Maui.

Signature \_\_\_\_\_ Date \_\_\_\_\_